

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; font-size: 1.5em; font-weight: bold;">10654999</div>	Filing Date <div style="border: 1px solid black; height: 20px;"></div>
				Applicant(s)	
				* May be used for additional claims or amendments	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2					
Total Depend	4					
Total Claims	6					

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